RECEIVED
CENTRAL FAX CENTER

MAY 1 0 2005

		123 (09-04)
Aρρτόν≐d for use through	11/30/2005. OMB	0651-0035
U.S. Patent and Trademark Office: U.S. DEP		

	ssue Date	·/
CHANGE OF CORRESPONDENCE ADDRESS Patent		9/1/1997
	opplication Number	741.575
Address to: Mail Stop Post Issue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	iling Date	8/7/1991
	irst Named Inventor	Ole K. Nilssen
	ittomey Docket	

Please change the Correspondence Address for the above-identified patent to:				
The address associated with Customer Number:				
OR				
Firm or Individual Name Ole K. Nilssen				
Address 200 N. Harrison St., Suite 103				
chy Algonquin	State IL	ZIP 60102		
Country United States of America				
Telephone 847-658-5615	Fax 847-65	8-4323		
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). This form will not affect any "fee address" provided for the above identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).				
Patentee.				
Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is epiglosed. (Form PTO/SB/96).				
Attorney or agent of record Registration Mumber				
Signature WHITE				
Typed or Printed Name Ole K. Nilssen				
Date 5/10/05	Telepho	847-658-5615		
NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of forms are submitted.				

This collection of Information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 57 CFR 1,11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includidust case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Post Issue, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complating the form, call 1-600-PTO-9199 and select option 2.

FAX TRANSMISSION

MAY 1 0 2005

To: Post Issue

Fax #: (703)872-9306

Phone #: (_.._)-.

From: Dale Fiene

Fax #: 847-658-4323

Phone #: 847-658-5617

Date: 5/10/05

Subject: CHANGE OF CORRESPONDENCE ADDRESS FOR PATENT #5

5, 164, 637

5, 159, 245

5, 144, 202

5,083,255

5,049,787

5,047,690

5, 036, 253

4, 935, 669

4,882,463

814, 477, 345

4,506,318